

**“Most of the victims have to move on from these pathological relations”:**

**Interview with Dr. Marc D. Feldman about medical child abuse**

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Transcript by Julie Ann Lee.

(Theme song – soft piano music)

**ABK:** Hi, welcome to Noncompliant. I’m your host **Anne Borden King**.

**Dr. Marc D. Feldman** is a clinical professor of Psychiatry and adjunct professor of Psychology at the University of Alabama in Tuscaloosa. A Distinguished Fellow of the American Psychiatric Association, he’s the author of 5 books and more than 100 peer reviewed articles in professional literature. Dr. Feldman is an international expert in Factitious Disorder, Munchausen Syndrome, Munchausen by proxy, and malingering. In his recent book, *Dying to be Ill: True Stories of Medical Deception*, Dr. Feldman with Gregory Yates has chronicled people’s acts and motivations in fabricating or inducing illness or injury in themselves or their dependents.

Welcome to the show, Marc!

**MDF:** Thank you for having me.

**ABK:** Could you start by defining for listeners what Munchausen Syndrome is and Munchausen by proxy and Factitious Disorder - what are these conditions?

**MDF:** Yeah, they’re all inter-related and so that causes a lot of confusion, not just in the general public but among professionals as well, at least at times, and that can be a daunting task to overcome. But to answer your question, **Munchausen Syndrome** is a term that was coined in 1951 to refer to people who feign, exaggerate or self-induce illness in order to get attention, get care and concern from people whom they don’t know how to mobilize in any other way. They’re often admitted to hospitals repeatedly. They may travel around the country or even among countries getting hospitalized and getting surgery for problems they know they really don’t need.

Now, **Factitious Disorder** is the official American Psychiatric Association term for Munchausen Syndrome.

**ABK:** Ah.

**MDF:** And they do recognize it as being a mental illness. It used to just be thought of as misbehaviour but it's actually a Psychiatric Disorder, and has been recognized as such since 1980.

And then **Munchausen by proxy** is when a caregiver, almost always a mother, exaggerates or fabricates [illness] in her child in order to get attention and sympathy.

**ABK:** Interesting. So, what is the motivation for- let's talk about Munchausen by proxy, where a parent is doing this or a caregiver is doing this to their child. What exactly motivates someone to do this?

**MDF:** Well, almost all of these caregivers, and it is suggested 96% are the child's mother, seem to have deep-seeded **personality disorders**. That is they may never have developed appropriate ways to get their needs met and so they resort to desperate and often harmful actions to meet their needs for attention and nurturance, to have others care for them as the indefatigable caregiver of a terribly ill child. Motives like that.

Some others have **Borderline Personality Disorder** per se, and part of the definition of that is that people lack a clear sense of who they are. I mean most of us take that for granted. We know who we are and what our thoughts and missions about our lives are, but these people lack a sense of this identity – what we call **Ego Strength** and so they define themselves through medical systems as loving, in fact *perfect* caregivers.

And others simply feel out of control in their personal lives--and making someone else sick, even if it's their own child and they know they're lying, allows them once again to **feel in control**, not only of other people in general but of high status professionals like doctors and nurses.

**ABK:** What's the impact on the kid, in- when that's being done to them and their having to go through these systems?

[4:59]

**MDF:** Well, the usual victim is either pre-verbal or early verbal, so they **can't communicate** their abuse. They can't tell anyone what's going on and we have to rely on mechanisms such as thoroughly reviewing the medical records, often interviewing the mother and extended family as well. Most of the victims tend to grow up to have **Post Traumatic Stress Disorder** perhaps not surprisingly, and many of them either become Munchausen patients themselves – that is they make themselves sick for attention, or they avoid all medical treatment including that which they really need because it reminds them of the original trauma.

In ***Dying to be Ill***, my latest book, we have accounts from people who were victimized by Munchausen by proxy in childhood who have now grown up and talk about their recovery, and recovery is possible but it's very difficult. It's a challenge that requires years of therapy, in a few cases medication for depression, but we can work with them to move on with their lives in healthy ways.

**ABK:** How about staying connected with the parent themselves? How often do children who have been victims of this become alienated from their parent or caregiver?

**MDF:** It's a mixed bag. Many of them want nothing to do with the abusive parent as you might see in other forms of child abuse. But others seem to keep trying to work out the past and fix a relationship that's irretrievably broken. And so they may stay pathologically engaged with their abuser and that's obviously an impediment to their moving on with their lives and profiting as well as they could from treatment.

**ABK:** Mm hmm. Yeah. So, how does it get detected? Like who ends up detecting this, is it usually schools or medical professionals and are there systems in place so that people can detect that this is happening early to avoid some of the trauma that we've been talking about?

**MDF:** Most people don't even seem to know what Munchausen by proxy is, and if they don't know what it is- and I'm including professionals--there's no way it can be diagnosed. Now, organizations such as the **American Professional Society on the Abuse of Children** have issued warning sign lists and anyone can access those lists and other guidance through the internet. It's [APSAC.org](http://APSAC.org) and people do have to register but it's free and then they can look at the guidelines. And we publish in medical journals, we publish in the lay literature.

I try to cooperate with every journalist who contacts me. We need to get the word out about things like the child having medical problems that don't respond to treatment that should be effective. For example, if a child has an infection and receives the antibiotic to which it's been shown to be effective, it should work. If we see very repeated antibiotic failures we have to ask ourselves 'how many times is lightning striking the same family?'

**ABK:** Mm-hmm.

**MDF:** We also look for illness in more than one child in the family. So, multiple children may be victimized by Munchausen by proxy, or the mother may do one after another, or focus on a child who was premature and for whom bonding never occurred as well as it did for the other children. And the single most important indicator is what we call the separation test, where if we can arrange it the child and mother are separated for some period of time. During that time the child's health status miraculously improves and then they're reunited and the child suddenly gets sick again. That can be pretty conclusive evidence.

**ABK:** That's so interesting. So, if you- someone figures out that there's something going on and they report it to the appropriate authorities, what happens to parents when they're caught doing this?

[10:01]

**MDF:** A lot of times they get a slap on the wrist. Rarely are they criminally charged. That's distinctly unlikely but they do often **lose custody rights**- termination of parental rights or something short of that by family courts who seek to protect the child. But many of them mount vigorous defenses claiming their innocence and we've seen no shortage lately of articles

by crusading journalists who are trying to say Munchausen by proxy doesn't exist or it's falsely diagnosed in case after case. That can happen. There can be a misdiagnosis, but I think it's rare. I did some research years ago that showed that misdiagnoses are quite uncommon compared to the number of valid cases.

**ABK:** Mm-hmm, yeah. I've seen that in some articles for example about things like chronic Lyme where the parent is putting that onto their child and they often combine it with things like PANDAS and PANS and a bunch of other diagnoses, and then they somehow end up getting this kind of feature on the illness and focussing on the child and you can just read it and you can see what's really happening but somehow that point was entirely missed. And it just kind of promotes or almost would encourage other people in that direction. It certainly isn't discouraging people from that kind of thing.

**MDF:** I see it all the time. And it's often the ailments that you just mentioned. There tends to be a disease de jure quality to it, like COVID now, where it is emerging as a ubiquitous diagnosis among children who in reality have never had a positive test. I know of a case in New York City where the child was entered into a clinical trial for a COVID treatment and they did discover almost accidentally that the child never had had an infection. We see that with all of the diagnoses you mentioned and many others as well, and it's dispiriting. But, I often say if there's a new diagnosis tomorrow called 'Diagnosis X,' the day after tomorrow somebody will falsify it in the child or in themselves. And once it's documented, it's very hard to revise it. It appears in the medical record, doctors take it as gospel and they just exercise a lack of caution from that point on and assume the diagnosis is real.

**ABK:** Are they taking it as gospel because another doctor gave the diagnosis? Like, is part of the problem the doctors that are diagnosing?

**MDF:** Yes, that's what happens, but the problem is the mother is often the only source of information, and pediatricians may not document though it can often be assumed that that's the case. But instead of saying 'the mother reports that the child has COVID' they just say, 'the child has COVID.'

**ABK:** Hmm, yeah.

**MDF:** And so, future doctors have no basis to refute it in any way unless they see clearly discrepant results. But as I said many of them aren't even alert to the possibility of Munchausen by proxy, so they'll never pick it up.

**ABK:** Right. They have to get educated and take that extra step. I see this with **autistic kids**. I see parents of autistic kids that are- kids that are autistic their parent decides that they don't like the diagnosis and they switch it to another diagnosis. So, when the kid is having an autistic meltdown, they might say, 'oh it's a PANDAS flare up or it's a Lyme flare up' or you know they want to give it the name of an illness because they- just for whatever reason and so their

parents have rejected the autism diagnosis and they're catching on to the other diagnoses instead – which is interesting.

And then there's this other category which doesn't quite fit into Munchausen by proxy but it's similar in some ways and that's parents who abuse and cause injury to their autistic children in **attempt to cure** their autism. So, these parents also tend to kind of pile on the treatments one after another, trying different things over and over again almost so the child is like their little experiment. And then the message they're sending to the kids is very similar to the one that Munchausen by proxy kids get which is that, you know, that they're 'sick' with autism and all these horrible treatments being done to them are being done out of kindness in an attempt to cure them, and much like what you described earlier, this causes, in reports by survivors, it causes PTSD in these autistic kids.

So, I don't know like in your opinion what would be the result of an autistic child of living years and years with this family mentality towards them and this treatment towards them. Is it similar to what we've been talking about just now?

[15:42]

**MDF:** I think so. It's a diverse group of children and families that you're referring to, but I think everything you said is true. ...Some children with autism or a Spectrum Disorder are treated with say 50 supplements a day- over the counter supplements. I've seen that. I've seen where a mother gave the child so many supplements that she woke the child at 1am and then 3am to take more pills.

**ABK:** Yeah. It's really common.

**MDF:** The child was not getting proper treatment. And the thing is supplements are not necessarily safe. Many of them are manufactured in India or China – they lack proper controls and they can have traces of lead and arsenic and mercury and other toxic heavy metals.

**ABK:** Right. And the psychological aspect of it is that for the parent, a parent like that who approaches autism that way, they really don't look at it like the child can never get *well* in their mind. There's always some new thing that they're giving or doing to the child and this can go on for years and years because they're stuck on their- the idea of their child being 'ill' and like 'suffering from' autism and often will deny them legitimate services, supports and therapies in favour of these abusive supports and therapies.

And then there's this whole echo-chamber on Facebook of groups of parents who are doing this to their autistic kids, kind of reinforcing this attitude in each other.

And the frustration that I feel in the type of advocacy that I do, is getting local law enforcement and health authorities to understand that just because someone- a child is autistic, it doesn't mean that it's healthy to be doing all these things to them. There actually needs to be an intervention **to protect the rights of the child**. And that's like an education piece that, like you

had said with Munchausen by proxy it's really still missing among schools, among health care providers and anyone who could intervene.

**MDF:** You know there's an increasing push to not use the term Munchausen by proxy, but instead to talk about **Medical Child Abuse**, and to use that term abbreviated MCA, and I often favour that in court systems and in the general public because it's much more descriptive than the term Munchausen by proxy. It tells you this is a form of abuse, and it puts attention on the victim, rather than the perpetrator's supposed mental illness. I think part of the problem can be obviated by being more careful in the terminology we use, and I think in all the examples you just gave, the term Medical Child Abuse does apply.

**ABK:** Right. Right and that also, I think, goes back to media again, because media portrayals- I've seen media portrayals of these completely, unbelievably bad autism treatments being kind of pushed either as promising or like, oh - 'both sides' kind of perspective on it, and with the message always running through it that the parent - these desperate parents are trying, but it takes all the subjectivity away from the child because the *child* is really desperate. The child is really desperate to get out of this terrible situation, and I find it amazing how often the lens gets moved from the child towards the parent and often in a way that's very sympathetic to the parent, and so I think that by putting it in terms of calling it Medical Abuse, it's a radical shift in how we're looking at it and how we're looking at who's really impacted by it.

[20:40]

**MDF:** It is. And, I think it's unfortunate that several years ago, the American Psychiatric Association made something called **Factitious Disorder Imposed on Another** or Munchausen by proxy - a **mental illness of the perpetrator**. That means, and we're seeing this, that perpetrators who are caught red-handed doing dangerous and never prescribed things, can claim to be the helpless victim of a mental illness called Factitious Disorder Imposed on Another and they can try to get exonerated. They usually don't. But, we do need law enforcement to be much more educated about this.

We need Child Protective Services to be the advocates they have the promise of being, even in Medical Child Abuse cases. I'd like to side-step the question of 'Does Mom have a mental illness or not?' by saying 'This child is being abused and what can we do about that?'

**ABK:** Mm-hmm. Exactly. ...What's usually the best outcome for a child, if they are able to get out of that situation or grow up and get independence? How do people heal from this as they become adults?

**MDF:** Ah. It's so variable, but many of them don't want to know the details of what happened to them in early childhood. Others are eager to review their records or have experts review the records --and I advocate the latter as long as they've got ongoing psychotherapy or psychiatric treatment that can help them understand the **patterns of behaviour**, because Munchausen by proxy tends not to be one act. It tends to be a pattern of behaviour and I tend to feel like most

of the victims when they grow up **have to move on from these pathological relationships** and that sounds really harsh in some ways, you know to cut off contact with Mom or to have just token contact with Mom, but we don't know how to treat the perpetrators. We really don't. We don't have any effective treatments. So, the behaviour is unlikely to change and can continue even into adulthood – the manipulation, the deception, the deceit. So that's often the outcome that we sadly have to advocate in these cases.

**ABK:** Yeah. It sounds like in many cases they just can't be rehabilitated, so then the child has to find a new way to get through life by separating.

**MDF:** Separating and hopefully finding **fulfilling relationships** that help them learn that other people aren't bad. That they can get their needs met and get love and get support and acceptance in really healthy ways. They don't have to exaggerate or feign as their parents did in order to get their emotional supplies repleted.

**ABK:** Mmm. Right. And that tends to happen through psychotherapy and is there- are there group therapies? Are there groups for survivors to talk to one another?

**MDF:** There are Facebook groups that exist where survivors can talk about strategies that they use, but it's not enough. It's just not enough. And some of the groups get overly strident in their recommendations about what other people should do, and I know some of the stories that have been told and some of them lack credibility at least to some extent and I wonder whether there's some troll activity taking place. So, you have to be discerning if you join one of these Facebook groups or groups on other websites, but they can be a source of support. But, I don't know how else to do it except virtually because it is a relatively uncommon form of abuse and so it's hard to arrange any kind of face-to-face contact although I tried in a few cases, and sometimes it does go well.

[25:25]

**ABK:** Yeah. It's also hard because I know for autistic people who were mistreated as children with medical abuse by their families. Anyone I've ever spoken to and connected with about this does *not* want to make their name public and really has issues with- because their parent is still out there and they're- they just don't want to be public about it. So, it's also really hard for people to connect in that way.

**MDF:** Yeah. There are a few memoirs that have been written. Autobiographies like *Sickened*, the book, ***Sickened by Julie Gregory*** that have opened the door quite a bit. That book is now 15 years old. We need more victims to come forward. And if you do the search actually on Amazon, of the word Munchausen, you will find- or Munchausen by proxy, or Medical Child Abuse – you will find that quite a number of people have found healing by writing their experiences down and even creating books. They may self-publish them, they may publish by standard publishing houses, but I've read a number of them before publication and been really pleased and honoured that I had that opportunity.

**ABK:** That's amazing. I mean, that's all bringing it to light and the work you're doing is bringing it to light as well, educating providers in how to recognize it, and educating authorities in how to react to it and then reaching out to victims to find ways for them to support themselves – all the work that you're doing is so great. I really, really thank you, and thanks for being on the podcast too.

**MDF:** Well, thank you again for inviting me. I appreciate that.

**ABK:** Thanks.

(Theme song – soft piano music)

**ABK:** We were speaking with Dr. Marc Feldman. He spoke to us from Alabama.

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